

**Commonwealth of Massachusetts
Executive Office Health and Human Services**

RY2019 EOHHS Manual Release Notes (Version 12.1)



Supplement to:

**RY2019 EOHHS Technical Specifications Manual for Acute Hospital Quality
Measures (v12.0)**

Published: April 30, 2019

Section I. Introduction

A. Purpose of Release Notes

This EOHHS Release Notes (version 12.1) provide updates applicable to the current RY2019 EOHHS Technical Specifications Manuals published for hospitals participating in MassHealth Hospital Pay-for-Performance (P4P) quality measures reporting. Information in this document addresses the impact of the updates listed below.

1) Important Updates

- a) **Medicaid Payer Source Code Correction:** The EOHHS Release Notes (v12.1) include additional corrections for CHIA Medicaid payer source codes originally published in the RY19 EOHHS Technical Specifications Manual (v12.0) and Release notes (v12.0a).
- b) **Care Coordination Measure (CCM-2):** The Release Notes (v12.1) removes the threshold of six data elements transition record counter required to meet the measure. As of Q1-2019 all eleven data elements are required to meet the measure.
- c) **Quarter Reporting Cycle:** Updates impact data submissions as of Q1-2019 discharges.

2) EOHHS Manual Versions.

- a) **The Release Notes (v12.1)** should be used in conjunction with the RY19 EOHHS Technical Specifications Manual (v12.0) posted Sept. 2018 and;
- b) **Appendix Data Tools (12.1):** The specific updated data tools that will apply as of Q1-2019 data file submissions include Appendix A-1, A-2, A-3, A-4 and A-7.

Hospitals are responsible for downloading and using the appropriate versions of EOHHS Manual and Appendix data tools that apply to each quarterly discharge data period being collected and submitted. Failure to adhere to appropriate versions of the data collection tools will result in MassQEX portal rejecting data files.

B. Guidelines for Using Release Notes

The EOHHS Release Notes are organized to follow the Technical Specifications Manual sections and appendix listed in the table of contents. Updated information is provided under using the following headings:

- **Key Impact** – identifies the EOHHS Manual section that is impacted by the change listed (i.e.: measure specifications, data tools, dictionary, etc.). A key impact is defined as information that will affect data collection and reporting file requirements.
- **Description of Change** – identifies the specific content within the manual section where the change was made. (i.e.: numerator/denominator statement, flowcharts, data format, allowable values, etc.).
- **Rationale** – a brief statement on the reason why the change is being made.

Contact EOHHS MassHealth at masshealthhospitalquality@state.ma.us if you have any questions about the Acute Hospital RFA contract reporting requirement updates.

Section II. Updates in Release Notes (v 12.1)

C. This section summarizes the key impact, description of change and rationale that apply to the important updates described above.

Key Impact	Description of Change	Rationale
Section 1.C.1: Data Reporting Cycle Instruction	Edits to Table 1.3 Acute RFA19 Data Submission cycles are shown in page 3 below.	Clarify manual versions and tools that apply
Section 2.B.1: Medicaid Payer Source Code	Changes to Table 2.2 are shown in page 3 below. Added payer code 118, removed payer code 207 (for Tufts Health Plan)	Clarify payer codes accepted for active Medicaid Managed Care insurance plans.
Section 2.C.4: Data Collection and Reporting Tools	Changes referring to appendix tool versions that apply are shown in Table 1.3 on page 3 below.	Clarify appendix tool versions as of Q1-2019
Section 5.B.3: Data File Contents	Changes referring to appendix tool versions that apply are shown in Table 1.3 on page 3 below.	Clarify XML file versions as of Q1-2019
Appendix A-1: Data Abstraction Tool (NEWB-1)	Change to data tool Item 12 table column removed code # 207 (for Tufts Health Plan) and adds payer code #118.	Clarify payer codes accepted for active Medicaid Managed Care insurance plans
Appendix A-2: Data Abstraction tool (MAT- 4)	Change to data tool Item 13 table column removed code # 207 (for Tufts Health Plan) and adds payer code #118.	Clarify payer codes accepted for active Medicaid Managed Care insurance plans
Appendix A-3: Data Abstraction tool (CCM-1,2,3)	Change to data tool Item 13 table column removed code # 207 (for Tufts Health Plan) and adds payer code #118.	Clarify payer codes accepted for active Medicaid Managed Care insurance plans
Appendix A-4: XML Schema MassHealth Specific File	Change to XML schema file ‘Table A- Answers’ column removed payer source element code # 207 (for Tufts Health Plan) and adds payer code #118 (MassHealth Behavioral Health Partnership).	Files submitted with code #207 will yield an automatic rejection by the portal and also noted on the Input file Report.
Appendix A-6: MassHealth Data Dictionary	As shown in page 4 below, the “Payer source data element” allowable values table removed code # 207 (for Tufts Health Plan) and added payer code #118 as shown on page 4 below.	Clarify payer codes accepted for active Medicaid Managed Care insurance plans
Appendix A-7: MassHealth Measure Calculation Rules	Change to row 28 the CCM-2 calculated value: if patient age >=18 years and transition record counter <11, assign to Category D; and if patient > = 18 years and transition record counter > = 11, assign to Category E; and if patient <18 years and transition record counter <10 assign to Category D; and if patient age <18 years and transition record counter is >=10 assign to Category E.	Clarify measure calculation rules that apply as of Q1-2019

D. RY19 EOHHS Manual (v12.0) Updates

1) **Section 1.C:** The EOHHS Manual versions that apply are shown in *italic underline font* below.

Table 1-3: Acute RFA 2019 Data Submission Cycles

Acute RFA Period	Submission Due Date	Quarter Reporting Cycle	Discharge Data Periods	EOHHS Manual Version
Rate Year 2019	May 17, 2019*	Quarter 3-2018	July 1, 2018 – Sept 30, 2018	Version 12.0 & 12.0a
	May 17, 2019*	Quarter 4-2018	Oct 1, 2018 – Dec 31, 2018	Version 12.0 & 12.0a
Rate Year 2020	Aug 16, 2019	Quarter 1-2019	Jan 1, 2019 – Mar 31, 2019	<u>Version 12.0 & Release Notes 12.1</u>
	Nov 15, 2019	Quarter 2-2019	Apr 1, 2019 - June 30, 2019	<u>Version 12.0 & Release Notes 12.1</u>

2) **Section 2.B.1:** Addition of payer code 118, removal of code 207 and name changes are shown in *italic underline font* below.

Table 2.2 Massachusetts CHIA Medicaid Payer Source Codes*

Description	Payer Code (as of 3/1/18)
INCLUDED PAYER SOURCE and CODE	
Medicaid: Includes MassHealth Fee-for-service and MassHealth Limited	103
Medicaid: Primary Care Clinician (PCC) Plan	104
Medicaid Managed Care – Boston Medical Center HealthNet Plan	208
Medicaid Managed Care – <u>Tufts Health Together Plan</u>	<u>116, 274</u>
<u>Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership</u>	<u>118</u>
Medicaid Managed Care - Other (not listed elsewhere)	119
Medicaid: Other ACO	311
Medicaid: Fallon 365 Care (ACO)	312
Medicaid: Be Healthy Partnership with Health New England (ACO)	313
Medicaid: Berkshire Fallon Health Collaborative (ACO)	314
Medicaid: BMC HealthNet Plan Community Alliance (ACO)	315
Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)	316
Medicaid: BMC HealthNet Plan Signature Alliance (ACO)	317
Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)	318
Medicaid: Community Care Cooperative (ACO)	320
Medicaid: Partners Healthcare Choice (ACO)	322
Medicaid: Steward Health Choice (ACO)	323
Medicaid: My Care Family with <u>Allways Health Partners</u> (ACO)	321
Medicaid: Tufts Health Together with Atrius Health (ACO)	324
Medicaid: Tufts Health Together with BIDCO (ACO)	325
Medicaid: Tufts Health Together with Boston Children's (ACO)	326
Medicaid: Tufts Health Together with CHA (ACO)	327
Medicaid: Wellforce Care Plan (ACO)	328
EXCLUDED PAYER SOURCE and CODE	
Healthy Start (free care pool)	98
Out of State Medicaid (Other Government)	120
Other Government	144
Children's Medical Security Plan (CMSP)	178
MassHealth Senior Care Options	273
One Care – Tufts Health <u>Unify Plan</u>	280
One Care – Commonwealth Care Alliance	281
Health Safety Net	995
Other: Commercial ACO Plan	310
All Health Connector Care and All Commonwealth Care Plans	See CHIA specs*

***Source:** FY18 Hospital Case Mix Data Specifications www.chiamass.gov/hospital-data-specification-manuals

E. APPENDIX A-6: MassHealth Measures Data Dictionary (12.0) Updates

1) Corrections to payer source data element table (page 39) list of payer codes are shown below.

Data Element Name: Payer Source
Collected For: All MassHealth Records
Allowable Values: Payment source code values assigned by Massachusetts regulations include:

103	Medicaid: Includes MassHealth FFS and MassHealth Limited
104	Medicaid: Primary Care Clinician (PCC) Plan
208	Medicaid Managed Care – Boston Medical Center HealthNet Plan
<u>116, 274</u>	<u>Medicaid Managed Care – Tufts Health Together Plan</u>
<u>118</u>	<u>Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership</u>
119	Medicaid Managed Care - Other (not listed elsewhere)
312	Medicaid: Fallon 365 Care (ACO)
313	Medicaid: Be Healthy Partnership with Health New England (ACO)
314	Medicaid: Berkshire Fallon Health Collaborative (ACO)
315	Medicaid: BMC HealthNet Plan Community Alliance (ACO)
316	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)
317	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)
318	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
321	Medicaid: My Care Family with <u>Always Health Partners</u> (ACO)
324	Medicaid: Tufts Health Together with Atrius Health (ACO)
325	Medicaid: Tufts Health Together with BIDCO (ACO)
326	Medicaid: Tufts Health Together with Boston Children's (ACO)
327	Medicaid: Tufts Health Together with CHA (ACO)
328	Medicaid: Wellforce Care Plan (ACO)
320	Medicaid: Community Care Cooperative (ACO)
322	Medicaid: Partners Healthcare Choice (ACO)
323	Medicaid: Steward Health Choice (ACO)
311	Medicaid: Other ACO

Notes for Abstraction:

As noted in Section 2.C.1 (Table 2.2) a revised list of included and excluded Medicaid payer codes resulting from new MassHealth delivery system reform requirements apply. The Massachusetts regulations outline the payer data reporting definitions and codes for Medicaid payment sources required when preparing MassHealth data files for submission.

Primary source of payment is a MassHealth insurance program:

- If Medicaid is the only payer listed (see payer codes above);
- If Medicaid is primary and another secondary insurance is listed.

Primary source of payment is NOT a MassHealth insurance program:

- If Medicare is the only payer listed;
- If Medicare is primary and lists Medicaid as secondary (ex: dual eligible)
- If HMO/Commercial Plan is primary and lists Medicaid as secondary (TPL)
- If Medicaid insurance plan is no longer actively contracted with MassHealth under the new delivery system reform initiatives.

Contact the MassQEX Help Desk at (844) 546-1343 or massqexhelp@telligen.com if you have questions on EOHHS Manual versions that apply to MassHealth data collection and reporting requirements.